EXHIBIT J
to John Arntz Decl. ISO Opposition to PI Motion

City and County of San Francisco
Department of Elections

John Arntz, Director

Vote-by-Mail Ballot Application: June 7, 2016, Election

To mail a ballot to you, the Department of Elections must **receive** your completed application **by 5 p.m. on Tuesday, May 31.** Deliver, mail, or fax the completed application to the address or fax number listed below.

This form is for voter use; it may not be reproduced or distributed by organizations.

Check one:

☐   I want to vote by mail for this election only.

☐   I want to become a Permanent Vote-by-Mail Voter and have a ballot mailed to me for each election.

I have declined to disclose a preference for a qualified political party. However, for this primary election only, I request a vote-by-mail ballot of the: *(choose one)*

☐   American Independent Party   ☐   Democratic Party   ☐   Libertarian Party

Note: If you do not request the ballot of one of these parties, your ballot will not include a contest for President.

Optional: I want to receive my ballot and other election materials in the following language, in addition to English:

☐   中文 (Chinese)   ☐ Español (Spanish)   ☐ Filipino   ☐ Other: _____

Please print:

_____   _____   _____   _____ / _____ / ___
Last Name   First Name   Middle Initial   Birth Date: Month   Day   Year

_____   San Francisco, CA 941_____
Home Address *(where you live; cannot be a P.O. box)*   ZIP Code

Mailing Address *(where you want your ballot to be mailed, if different from Home Address above)*

City   State   Country   ZIP or Postal Code

I have not and will not apply for a ballot for this election by any other means. I certify, under penalty of perjury, that the information above is true and correct. (Warning: Perjury is punishable by imprisonment in state prison for up to four years.)

Applicant Signature *(required)*   Date

Department of Elections Use:

Staff Initials: _____   Date: _____   **MAIL**

English (415) 554-4375   *sfelections.org*   中文 (415) 554-4367
Fax (415) 554-7344   1 Dr. Carlton B. Goodlett Place   Español (415) 554-4366
TTY (415) 554-4386   City Hall, Room 48, San Francisco, CA 94102   Filipino (415) 554-4310

VBM-02 -EN MAIL   Rev. 12.01.15